

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|-----------------|----------------|
| FEE DETERMINATION | <i>CA</i> | <i>W. B. W.</i> | <i>1/21/00</i> |
| O.I.P.E. CLASSIFIER | | | <i>3/15/00</i> |
| FORMALITY REVIEW | <i>AT</i> | <i>JC 832</i> | <i>1-29-00</i> |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected M Non-elected
 " Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 + Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 1 | ✓ | ✓ | 10/1/00 |
| 2 | ✓ | ✓ | 10/1/00 |
| 3 | ✓ | ✓ | 10/1/00 |
| 4 | ✓ | ✓ | 10/1/00 |
| 5 | ✓ | ✓ | 10/1/00 |
| 6 | ✓ | ✓ | 10/1/00 |
| 7 | ✓ | ✓ | 10/1/00 |
| 8 | ✓ | ✓ | 10/1/00 |
| 9 | ✓ | ✓ | 10/1/00 |
| 10 | ✓ | ✓ | 10/1/00 |
| 11 | ✓ | ✓ | 10/1/00 |
| 12 | ✓ | ✓ | 10/1/00 |
| 13 | ✓ | ✓ | 10/1/00 |
| 14 | ✓ | ✓ | 10/1/00 |
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| 18 | ✓ | ✓ | 10/1/00 |
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| 49 | ✓ | ✓ | 10/1/00 |
| 50 | ✓ | ✓ | 10/1/00 |

| Claim | Final | Original | Date |
|-------|-------|----------|---------|
| 51 | ✓ | ✓ | 10/1/00 |
| 52 | ✓ | ✓ | 10/1/00 |
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| Claim | Final | Original | Date |
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Best Available Copy

If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)